

STANDARD CERTIFICATE OF DEATH

8240

State File No.

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 318

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>4 days</u> | | e. STREET ADDRESS (If rural, give location) <u>819 W. Atlantic Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>ROBERT</u> | b. (Middle) <u>CARLYLE</u> | c. (Last) <u>APPLEBERRY</u> | <u>March 26, 1954</u> | | |

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| 5. SEX <u>Malw</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>5 Feb. 1889</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 14 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Blacksmith</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Taney County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Thomas C. Appleberry</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Miles</u> | 14. NAME OF HUSBAND OR WIFE <u>Verde Appleberry</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-24-1044</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M.C. Williams, 819 W. Atlantic St., Springfield, Missouri.</u> | ADDRESS <u>819 W. Atlantic St., Springfield, Missouri.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>Rheumatic carditis with mitral insufficiency</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriolosclerosis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>H/O X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 6-23-, 1949, to 3-26-, 1954, that I last saw the deceased alive on 3-26-54 1954, and that death occurred at 9:30P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A.M. Klingner M.D.</u> | 23b. ADDRESS <u>1630 N. Jefferson</u> | 23c. DATE SIGNED <u>3-29-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>28 Mar 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-1-54</u> | REGISTRAR'S SIGNATURE <u>Edith Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank C. Thieme, Springfield, Missouri</u> | ADDRESS <u>Springfield, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Fred C. Pheme*

Licensed Embalmer No... 2899
Springfield,
P. O. Address Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.